



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA INFORMATION MEMO

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Effective Date: Immediately

Issuance Date: November 2, 2012

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF

FROM: *Rosemary Malone*
ROSEMARY MALONE, EXECUTIVE DIRECTOR

RE: REPLACEMENT FOOD SUPPLEMENT PROGRAM (FSP) BENEFITS
FOR PEOPLE AFFECTED BY HURRICANE SANDY

PROGRAM AFFECTED: FOOD SUPPLEMENT PROGRAM

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

Food Supplement benefits help individuals and families who may need food right away. It is important to ensure that no needy Marylander goes without food. The power outage caused by Hurricane Sandy on October 29, 2012 affected hundreds of thousands of Maryland residents and many Food Supplement Program (FSP) recipients will need replacement benefits.

According to the Maryland Emergency Management Administration and utility company websites, Garrett and Somerset counties had power outages in more than 50% of their households. The Food and Nutrition Service (FNS) approved our waiver request granting 30% of the October allotment for all FSP recipients in the two jurisdictions. As a result, we are replacing 30% of the value of the October allotments automatically in the **overnight batch, November 2, 2012**. Garrett and Somerset customers are not required to submit affidavits, unless they claim higher losses. October FSP recipients in all other counties and Baltimore City must sign an affidavit before October replacement benefits are approved.

FNS is considering a similar waiver request for **Allegany, Cecil, Frederick and Harford** counties. These local departments will continue to accept affidavits for replacement benefits but shall not process them until we receive further instructions from FNS on this waiver request.

All local departments except the six named above can begin processing affidavits immediately, but the replacement benefits are limited to 30% of October benefits the client received. Customers who claim losses higher than 30% must document the loss in order to get benefits above 30% (this applies to waiver counties as well).

FNS issued guidance that allows Maryland FSP households extra time to submit affidavits. As a result we will accept affidavits until **November 28, 2012** for replacement of some or all of their October benefit.

This information memo contains procedures and reminders for issuing replacement benefits to ensure that all food supplement households who are eligible for replacement food benefits receive them as soon as possible. Case managers must make every effort to process benefits right away for those who lost food.

Who is eligible?

Individuals are eligible for replacement benefits if they:

- Received a Food Supplement Program allotment in October 2012;
- Had refrigerated or frozen food spoil as a result of that power loss; and
- Reported their loss to their DSS office no later than November 28, 2012.

What is the policy?

Local department staff should reference section **470.8, Replacement of Food Supplement Program Benefits for Food Lost in a Household Misfortune.**

- Local departments can issue replacement FSP benefits to ongoing recipients when the household reports that food purchased with FSP benefits was destroyed in a household misfortune.
- The replacement FSP benefit is the amount of the household's loss of food, up to the maximum of the household's allotment.
- Prior to issuing the replacement, the local department must get a signed statement from a member of the household attesting to the household's loss. **A copy of the Food Replacement Request form (affidavit) is attached.**
- The processing standard for affidavits is ten days from date of receipt, with an extension granted to the four counties with a pending waiver.

The household may mail, fax, email or send in the required statement if the household member is unable to come to the office because of age, disability, and/or distance from the office or some other hardship reason and cannot appoint an authorized representative.

- The only required verification for Food Supplement benefits is identity. This does

not have to be a photo ID. If necessary, the local department may make a collateral contact to verify identity.

CARES Procedures for Issuing FSP Replacements for the Benefit Month of October 2012

All FSP recipients in **Garrett and Somerset** counties received an automatic replacement of 30 percent of the October allotment on November 3, 2012. If the customer claims a loss that is higher, then skip to Step 2. Affidavits should be accepted by all counties, though **Garrett and Somerset** and any counties added to the mass replacement waiver shall deny affidavits unless verification of losses above 30% is verified.

For recipients in all other jurisdictions except **Allegheny, Cecil, Harford and Frederick**, complete Step 1.

Step 1 - Calculating a FSP Replacement Amount When Customers Affirm the Percentage of Food Lost:

Identify the FSP allotment amount received for the benefit month of October 2012 from the Benefit History Screen (CARES Main Menu, Option M). If no October benefits were redeemed, then there is no evidence of a need to replace the allotment and the case manager needs to send a manual letter explaining the household did not meet the criteria. Otherwise,

- Use the attached Excel file to calculate 30% of the October 2012 allotment that was received. Example: \$300.00 was the October 2012 FSP allotment X 0.30 = \$90.00 FSP Replacement Amount
- If the household's reported loss is greater than 30% of the October allotment, then process that dollar amount up to the total dollar value of the October allotment but no more.

Step 2 – Processing the FSP Replacement:

- From the CARES Main Menu, enter Option R (Benefit Error)
- Enter Option E (Add Another BEG) on RMEN
- In the Notice Text field, enter the following: **“Food Supplement Program Replacement for the benefit month of October 2012, resulting from the 10/29/12 hurricane.”**
- In the Issuance Month field, enter: **11 12**
- In the ‘OP/UP’ field, enter: **U**
- In the Benefit Error Amount field, enter the amount that was calculated in **Step-1**.
- In the Benefit Error Reason field, enter: **SN**

- Forward the case to a supervisor or lead worker to approve the Under Issuance BEG in Option H.

Step – 3 Documenting the FSP Replacement

- Enter the AU Number on AMEN Option R
- Enter in the Special Circumstances field on the ADDR screen: **SD**
- Summarize in the narrative that an FSP replacement was processed for the benefit month of October 2012 according to the customer's signed affidavit.
- Commit the change.

INQUIRIES: Please direct questions to Rick McClendon at (410) 767-7307 or rmcclend@dhr.state.md.us or Stephanie Hawkins at (410) 767-8121 or shawkins@dhr.state.md.us. Direct CARES questions to Fern Hill on 410 767-7064 or fhill@dhr.state.md.us.

Attachments

cc DHR Executive Staff
 FIA Management Staff
 Constituent Services
 DHR Help Desk

For Local Department Use:

For Local Department Use:		Case Number
FS Case Name	Date	Locality
Address	City, State, Zip	

Food Replacement Request

How was food destroyed or damaged?
Value of destroyed perishable food:

I hereby certify, under penalty of perjury, that the household listed above has experienced the destruction of food purchased with Food Supplement Program benefits in the month of <u>October</u> , 2012.	
Signature	Date

Instructions for completing Replacement of Lost Food Affidavit

PURPOSE AND USE OF FORM – This form allows the local agency to assess the value of perishable food destroyed. Depending on the reason for the loss, the local department may provide additional food supplement benefits to cover the value of perishable food destroyed.

USE OF FORM – The agency must provide the form to households that report a household disaster that resulted in the loss of food purchased with food supplement benefits.

NUMBER OF COPIES – Two

DISPOSITION OF FORM – The local agency must provide a copy of the completed form to the household and file a copy in the case record.

INSTRUCTIONS FOR PREPARATION OF FORM – Local agency staff should complete the identifying case information at the top of the form. A household member or an authorized representative must complete or provide information for the bottom section regarding food destroyed. A household member must sign and date the form.